

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN SAN BENITO COUNTY NEAR HOLLISTER FROM 0.5 MILE WEST OF HUDNER OVERHEAD TO SANTA CLARA **COUNTY LINE**

In District 05 On Route 156 **Under**

Notice to Bidders and Special Provisions dated September 12, 2016

Standard Specifications dated 2010

Project plans approved June 20, 2016

Standard Plans dated 2010

Applicable to

Electronic Bid book dated September 12, 2016 Identified by Contract No. 05-1C8404 05-SBt-156-R10.0/R18.4 Project ID 0512000239

> Federal-Aid Project ACNHP-P156(020)E

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT: \$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION ¹ :	TOTAL NUMBER OF A	LL SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE S	D DESCRIPTION OF UBCONTRACTED OR BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participati		written confirmation from erform the specific work		Total Claimed Participation	<u>S</u>
The names of the 1st tier			be consistent with the		- dittorpation	
Subcontractor List (Pub of a subcontractor Li	ctor must enter its certif	ication number and sh	ow all work to be		er acknowledges that it is comm own on this form to meet the cor	
² If 100% of an item is not the item to be performed		nished by the DBE, de	scribe the exact portion of			
³ Use Work Category Cod	des from the California	Unified Certification Pr	ogram database.	Sig	gnature of Bidder	
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ease Type or Print)

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

	<u> </u>		
Contract no.:			
Name of DBE business:			
Name of DBE representative	9:		
DBE certification number:			
Name of bidder:			
Name of prime contractor if	different from the bidder:		
Name of representative of bi	idder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontra	cted or materials to be provided ¹	Amount (\$)
¹ If 100% of an item is not to portion of the item to be pe	be performed or furnished by the DBE, describe the exact rformed or furnished.	Total	
		enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract contractual agreement with the bid the type and dollar amount of worl form.	dder or prime contractor to perform
		Signature of DBE's authorized	representative:
		Printed name of DBE's author	ized representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

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STATE OF	CALIECDNIA .	DEDARTMENT	OF TRANSPORTATION

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DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

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List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

Item of Work Offered, Services Offered, or Materials Supplied	Perfori	Normally ns Item s/No	Item Broken Down to Facilitate Participation Yes/No		for Performan Scho	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

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DES OF 0102 11 A (PEV 12 2014)

Bidder's Name:	
Contract No.:	

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						clude the items of work offered a copies of solicitations. e-mail me		
Name of DB	E Solicited	Date of I	nitial Solicitation	ltems of Work Offered			Follow Up Me	thods and Dates
		•						
	ided quotes, the pri	ce quote for e	each firm, and the p	orice dif	ference for each DBE	pecific to the items of work being if the selected firm is not a DBE. act.		
Items of Work	Provided P Specifications for \ Yes/No	Nork Offered	Name of Selec Firm	eted	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES [Пио						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Пио						
	YES [Пио						
If the firm selected for the						ıd attach names, addresses, and	phone numbers for the	firms listed above.

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STATE OF CALLEODNIA DEDARTME	NT OF TRANSPORTATION	Bidder's Name:				
STATE OF CALIFORNIA • DEPARTMEI DBE GOOD FAITH EFFOR		Contract No.:				
DES-OE-0102.11A (REV 12/2014)	CTO DOCOMENTATION		Page 3 of 3			
Describe the Bidder's outreach efforts to id- documents.	entify and solicit the interest of all certified DBE	s that have the capability to perform the work o	f the Contract. Provide copies of supporting			
Description of Outreach	Dates	Location (if applicable)	Results			
	de interested DBEs with adequate information a assisted, the type of information provided, and					
		· .				
Describe the Bidder's efforts made to assis dates. Provide copies of supporting document	t interested DBEs in obtaining bonding, lines of ts.	credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the			
equipment the DBE purchases or leases from documents. List efforts made to assist interes	t interested DBEs in obtaining necessary equip the prime contractor or its affiliate. Identify the ted DBEs in obtaining bonding, lines of credit, in abcontractor purchases or leases from the prime	DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,			
List the names of agencies and the dates opposite copies of supporting documents.	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,			
Include additional data to support a deve-	stration of good faith offices					
3. Include additional data to support a demon	ad adon or good faith enorts.					

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY. ADA Notice

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